

Utah Division of Substance Abuse and Mental Health

Treatment Episode Data Set (TEDS)

Discharge File Format and Definitions

Official Document for FY 2007 Data Submission

| DATE | AUTHOR | VERSION | NOTES |
|-----------|--|---------|--|
| 9/15/2006 | Casey Loveland | .02 | Added note about submitting data for multiple providers. |
| 8/25/2006 | Casey Loveland, Dori Wintle, Brad Loveland | .01 | HLCI column name changed to SAMHIS Client ID. Added notes to Service/Program Types that are not required to have less than 5% of unknowns. |

Introduction

NOTE: New content since FY2006 highlighted in *yellow italics*. New content since March 24, 2006 is also **bolded**.

Two documents, the Client Data Record Format and the TEDS Definitions, have been combined into one document to make it easier to know what is required. The last column in the following table is labeled “Code” and is used to describe each element as follows:

Codes

KEY: These fields are used to match discharge records with admission records. These data must be complete and accurate for both admission and discharge records.

ADMIT: These fields are used for the Admission / Transfer file. Only items with ADMIT or KEY can be sent in the Admission file.

DISCH: These fields are used for the Discharge file. Only items with DISCH or KEY can be sent in the Discharge file.

NOMS: These fields are required to be sent to the Federal Substance Abuse and Mental Health Administration (SAMHSA) by the National Outcome Measures (NOMS) grant. For each Local Authority area, these variables must have no more than 5% unknown or missing codes.

Service/Program Type Codes 0, 1, 2, 8 and 9 are not required to have less than 5% unknown or missing values.

FED: Reported to SAMHSA but not part of the NOMS grant.

STATE: These fields are not reported to the Federal Substance Abuse and Mental Health Administration.

TRANS: Only the Transaction Type field has this code and its properties are described in the definition of this field.

DIAG: Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 10 on Axis I. Leave subsequent fields blank if there are no subsequent diagnoses. No diagnoses are required if the client is a Co-Dependent/Collateral.

NOTE: No blanks are allowed in the file except where specified above. The middle name field and SAMHIS Client ID fields can also be left blank if not available.

CSV File Generation Guidelines

1. All files should be submitted without a header row.
2. It is recommended that fields **NOT** contain extra spaces for padding. For example, if a field allows 11 digits but the code values only use 3 digits then 3 digits is an acceptable width for the field. Adding the spaces only increases the size of the file and slows down uploading and processing of files.
3. Non-required fields must either be blank or contain a valid value.
4. Commas are not allowed within the data in any field. (Commas are column delimiters.)
5. Do not use quotes in any fields.
6. Do not insert blank lines between rows of data.

Supplemental Definitions

Client: A person who meets all of the following criteria:

1. has an alcohol or drug related problem,
2. has completed the screening and intake process,
3. has been formally admitted for treatment or recovery service in an Alcohol or Drug Treatment unit operated or funded (fully or partially) by a State Alcohol or State Drug Authority, and
4. has his or her own client record.

If a person has only completed the assessment process and it is determined that he/she does not need treatment and therefore does not meet all of the above criteria of a client, the person can still be included as a TEDS admission but must have a code of “Assessment ONLY” in the *Service/Program Type*.

*(A person is **not** a client if he/she has only completed a screening or intake process or has been placed on a waiting list.)*

Service/Program Type: (Field #7) – the service that the client is admitted or transferred into.

Assessment Only: This code should be used if a person has only completed the assessment process (has not been formally admitted into substance abuse treatment) and it is determined that he/she does not need substance abuse treatment and therefore does not meet all of the criteria of a client. Remember that these individuals do not meet the federal definition of a client for TEDS reporting purposes. **Records with this service code are not required to have less than 5% unknown or missing.**

Detoxification, 24-hour service, Hospital Inpatient: 24-hour per day medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV-D or Level III.7-D** which are as follows: 1) an organized service delivered by medical and nursing professionals that provides for 24-hour medically-directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Or, 2) an organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. **Records with this service code are not required to have less than 5% unknown or missing.**

Detoxification, 24-hour service, Free-Standing Residential: 24-hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.2-D** which are as follows: an organized service delivered by appropriately trained staff, who provide 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal. ***Records with this service code are not required to have less than 5% unknown or missing.***

Rehabilitation/Residential, Hospital (other than detoxification): 24 hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV** which are as follows: an organized service, staffed by designated addiction physicians or addiction credentialed clinicians and requires an interdisciplinary staff to care for patients whose acute biomedical, emotional or behavioral problems are severe enough to require primary medical and nursing services. Treatment is provided 24 hours a day, and the full resources of a general acute care hospital or psychiatric hospital are available.

Rehabilitation/Residential, Short Term: Typically 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.7 or Level III.5** which are as follows: Level III.7—an organized service, staffed by designated addiction treatment personnel or addiction-credentialed physicians, that provides a planned regimen of 24-hour professionally directed evaluation, care and treatment for addicted patients in an inpatient setting. Twenty-four hour observation, monitoring and treatment are available, however, the full resources of an acute care general hospital or a medically-managed inpatient treatment service system are not necessary. Level III.5—programs designed to address significant problems with living skills, that are accurately characterized by the intensity of the addiction treatment services and the highly structured program activity, where the resident's activities are prescribed 24 hours a day until the resident demonstrates specified treatment progress. With increased staff training and nursing supervision, programs at this level are able to address the medical needs of residents who have slightly more severe medical problems.

Rehabilitation/Residential, Long Term: Typically more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; this may include transitional living arrangements such as half way houses. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.1 or Level III.3** which are as follows: Level III.1—offers low-intensity professional addiction treatment services at least 5 hours a week. This level of care is best understood in its component parts.

The professional addiction treatment services provided in this setting are low-intensity outpatient services focused on problems in applying recovery skills. The other component is a structured recovery environment, staffed 24 hours a day. Level III.3—provide a structured recovery environment in combination with medium-intensity professional clinical services to support and promote recovery. Services generally are considered to be of medium intensity and are presented at a slower pace than in more intensive residential programs. Persons who are appropriately placed in this level of care are characterized by their need for a slower paced treatment presentation because of mental health problems or reduced cognitive functioning or the chronicity of their illness.

Ambulatory, Intensive Outpatient: As a minimum the client must receive treatment lasting two or more hours per day three or more days per week. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level II.5 or Level II.1** which are as follows: involves a structured day or evening treatment program that may be offered before or after work or school, in the evening or on a weekend. Programs have the capacity to arrange for medical and psychological consultation, psychopharmacological consultation and 24-hour crisis services. In addition, they have active affiliations with other levels of care and can assist in accessing clinically necessary “wraparound” support services such as child care, transportation and vocational training. Distinctions are made among various subtypes of Level II program as follows: Level II.5) Generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have ready access to psychiatric, medical and laboratory services. Level II.1) Generally provide nine or more hours of structured programming per week, consisting primarily of counseling and education around alcohol and other drug problems. The patient’s needs for psychiatric and medical services are addressed through consultation or referral arrangements. II.1 differs from II.5 in the intensity of clinical services that are directly available: specifically, II.1 has less capacity to effectively treat individuals who have substantial medical and psychiatric problems.

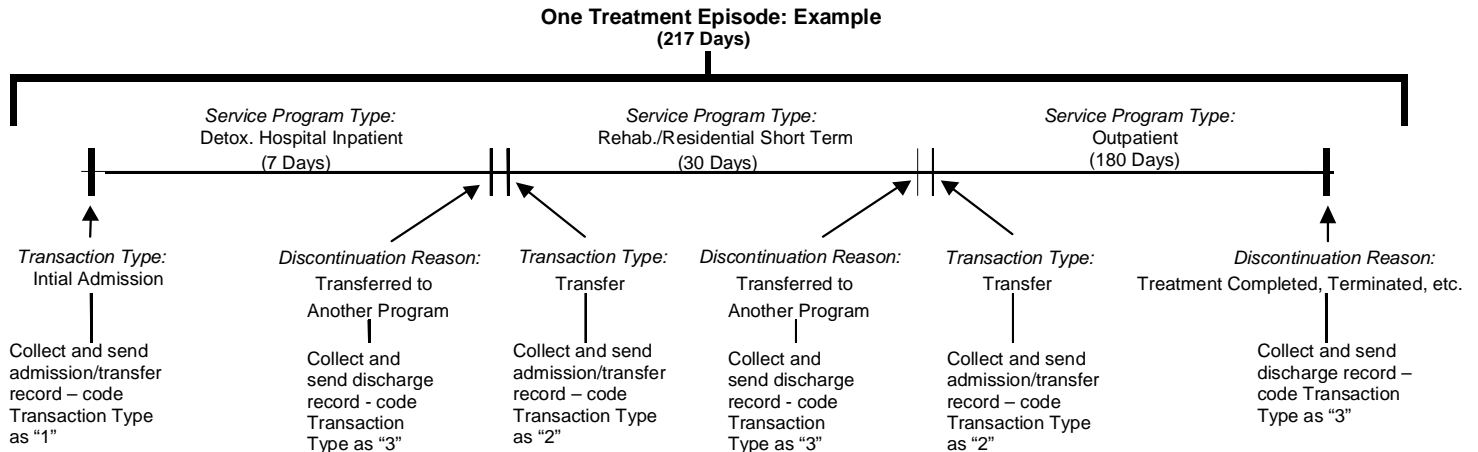
Ambulatory, Non-Intensive Outpatient: Treatment services including individual, family and/or group services; these may include pharmacological therapies. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level I** which are as follows: organized non-residential services, which may be delivered in a wide variety of settings. Addiction treatment personnel or addiction credentialed clinicians provides professionally directed evaluation, treatment and recovery services to persons with substance-related disorders. Such services are provided in regularly scheduled sessions of usually fewer than 9 contact hours a week.

Ambulatory, Detoxification: Outpatient treatment services providing for safe withdrawal in an ambulatory setting – pharmacological or non-pharmacological. To qualify under this service type, the service must also meet the specifications as

outlined under **ASAM Level I-D, or Level II-D** which are as follows: 1) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient's home, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Or 2) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Essential to this level of care is the availability of appropriately-credentialed and licensed nurses (R.N., L.P.N.) for monitoring of patients over a period of several hours each day of service. ***Records with this service code are not required to have less than 5% unknown or missing.***

Limited Treatment: If a provider of services would like to submit data to the State for clients who are receiving services they would define as "limited treatment," the provider must submit a separate explanation or description of specifically what these services are. However, with the implementation of the new DUI curriculum, it will no longer be necessary or appropriate to report those clients under these services—we will be collecting information on those clients separately. It should also be noted, that any clients reported to the State under this service type will not be included in any statistical reports produced by the State. ***Records with this service code are not required to have less than 5% unknown or missing.***

Treatment Episode: the period of service between the initiation of substance abuse treatment services for a client with a drug or alcohol abuse or dependency problem and the termination of services for that client, where no significant break in services has occurred. There is only one initial admission per episode. Therefore, if a client in the



midst of a single episode of treatment changes services/modalities or providers, this event is considered a “**transfer**” rather than a new initial admission. For example, a client who has been in detoxification may complete this level of service and be transferred to a residential setting within the same treatment episode. This transaction should be reported as a **transfer, not** a new initial admission. A treatment episode should be assumed to have ended, and the client officially discharged from the treatment episode (if not discharged already), if the client has not been seen in 5 days in the case of an inpatient or residential, 14 days in the case of day treatment and 60 days in the case of an intensive or general outpatient. **Admissions and transfers must be sent in the TEDS Admit/transfer file format and Discharges must be sent in the TEDS Discharge file format as a separate file. Clients returning for services after the elapsed time described need to be reported as an initial admission to a subsequent treatment episode.**

Admission and Discharge Date Rules:

Admission / Transfer File

Admission Dates must fall within the current fiscal year.

Duplicate Admit Date / Time for the same client and ASAM (service_program_cd) will produce an error.

All TEDS Admission / Transfer records are generally inserts into SAMHIS.

Discharge File

Discharge Dates must fall within the current fiscal year.

All Discharge records are updates in SAMHIS.

Admission Date is a KEY field in the Discharge File and has no validation requirements. It is used in conjunction with the other key fields to match Discharge records with Admission records.

Client Name Validation Rules:

TEDS file will have fields for the following parts of a name:

- Last name
- First name
- Middle name

Naming Rules:

Names can be entered in either upper case, lower case, or a mix.

Spaces: Allowed in first and middle names. NOT allowed in last names.

Example: Mc Donald should be entered as McDonald
De La Cruz should be entered as DeLaCruz
Example: Le Ann Mary Ann Mc Cartney
Can be entered as:
First: Le Ann
Middle: Mary Ann
Last: McCartney

Hyphens: Allowed in first, middle and last names. It is the only allowable punctuation character allowed.

Examples:

| | | |
|--------------------------------|-----------------------------|----------------------|
| <i>(last name) Smith-Jones</i> | <i>should be entered as</i> | <i>Smith-Jones</i> |
| <i>(first name) Jo-Ann</i> | <i>should be entered as</i> | <i>Jo-Ann</i> |
| <i>(last name) O'Rilley</i> | <i>should be entered as</i> | <i>ORilley</i> |
| <i>(last name) St. James</i> | <i>should be entered as</i> | <i>StJames</i> |
| <i>(first name) D'Ann</i> | <i>should be entered as</i> | <i>DAnn or D Ann</i> |

Numeric characters: Not allowed in any name

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field

Example: J. Edgar Hoover

First name: J (no period)

Middle name: Edgar

Last Name: Hoover

Enter legal names rather than nicknames

Example: “Bill” should be entered as William

“Bob” should be entered as Robert

“C.J.” should be entered as Carlos as a first name and James as the middle name

Titles, Prefixes, Suffixes: not allowed

Naming rules synopsis:

| Character | Last Name | First and Middle Names |
|--------------------|-------------|------------------------|
| Alpha Characters | Allowed | Allowed |
| Hyphen | Allowed | Allowed |
| Spaces | Not Allowed | Allowed |
| Apostrophe | Not allowed | Not allowed |
| Numeric Characters | Not allowed | Not allowed |

Submitting for Multiple Providers

TEDS Discharge files can contain data for more than one provider per file. SAMHIS backend processing engines associate data in TEDS Discharge files to the provider ID specified on every row in the file.

UDSAMH Discharge File Format for TEDS - FY2007 version date 8/25/2006

| | Name and Description | Allowed Values | Format | Definition | Code |
|---|--|---|--|---|---------------|
| 1 | RecordNo Record Number | 1,2,..., (Number of Records) | number (10) | A sequential count of the records submitted each quarter. This field is NOT used to match records. | |
| 2 | provider_id Provider ID | Utnnnn | string (15) | Identifies the provider of the alcohol or drug treatment service, the provider's National Facility Register (NFR) number. Must begin with "UT." | KEY NOMS |
| 3 | client_id Client ID | Unique Client identifier | string (15) | An identifier that is from 1 to 15 alphanumeric characters and at a minimum is unique within the provider. The identifier: 1. Must NOT be reassigned to another client, 2. Can be meaningless, and 3. Must ensure confidentiality of client records - must not identify the client 4. An individual should not have more than one ID | KEY NOMS |
| 4 | ssn Social Security Number | Client's SSN 999-99-9999=None 000-00-0000=Unknown | string (11) (used to say 15) | The client's social security number. | STATE |
| 5 | trans_type_cd Transaction Type | 3=Discharge Data (Will not import any admission data) | number (1) | This field identifies the record as a discharge record. Only a value of 3 will be valid. | TRANS NOMS |
| 6 | admit_dt_time Date and time of Admission | Date / Time | MM/DD/YYYY hh:mm:ss | The month, day and year, and time when the client receives his or her first direct treatment or recovery service. If your system doesn't track time for admissions then specify 00:00:00 for the time part. Be sure to put a single space between the date and time. | KEY DISCH |
| 7 | service_prog_cd Service/Program Type | 0=Assessment Only 1=Detox. Hospital Inpat. 2=Detox. Free Standing 3=Rehab/Res. Hospital 4=Rehab./Res. Short Term 5=Rehab./Res. Long Term 6=Amb. Intensive Outpatient 7=Amb. Outpatient 8=Amb. Detox. 9=Limited Treatment | number (1) | The service that the client is admitted or transferred into. See Supplemental Definitions for the definition of each service type. Records with codes 0, 1, 2, 8 and 9 are not required to have less than 5% unknown or missing. | KEY NOMS |
| 8 | last_contact_dt Date of Last Client Contact | Date | mm/dd/yyyy | The month, day and year when the client is last seen, physically, for a treatment service. The date may be the same date as the date of discharge but should not occur after the date of discharge. | DISCH NOMS |

| | Name and Description | Allowed Values | Format | Definition | Code |
|----|--|---|-------------|---|----------------|
| 9 | discon_dt Date of Client Discontinuation/ Discharge | Date | mm/dd/yyyy | The month, day and year when the client was formally discharged from the treatment facility or service. The date may be the same as the date of last client contact. In the event of a change of service or provider within an episode of treatment, it is the date the service terminated or the date the treatment for this service ended at a particular provider. Unless extenuating circumstances exist, a client should be automatically discharged if the client has not been seen in 5 days in the case of inpatient or residential treatment, 14 days in the case of day treatment and 60 days in the case of outpatient or intensive outpatient. Discharge dates must be within the current fiscal year. | DISCH NOMS |
| 10 | discharge_reason_cd Discontinuation Reason | 1=Treatment Completed 2=Left against professional advice (drop out) 3=Terminated by the facility 4=Transferred to another substance abuse treatment program or service/program type 5=Incarcerated 6=Died 7=Other | number (1) | Indicates the outcome of treatment, the reason for transfer or discontinuance of treatment. <u>Treatment completed:</u> The client has completed his/her treatment episode . In most cases, this should mean that the client has completed at least 75% of their treatment objectives. <u>Terminated by facility:</u> The client was discharged due to facility rule violations, AWOL, criminal behavior, etc. <u>Transferred to another substance abuse treatment program or facility:</u> This code is to be used for all clients who have a change of service or provider within an episode of treatment. This would include a change in modality of service (change to a higher or lower level of care) or a lateral-step due to program expertise. | DISCH NOMS |
| 11 | birth_dt Date of Birth | Date 01/01/0007=Unknown | mm/dd/yyyy | The client's legal birth date. This field should only be coded as "unknown" (01/01/0007) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information. | DISCH NOMS |
| 12 | gender_cd Gender | 1=Male 2=Female | number (1) | Identifies the client's gender. | DISCH NOMS |
| 13 | last_name Client Last Name | Last Name of Client 97=Unknown | string (30) | The last name of the client. Please limit the last name to 30 letters. Any names exceeding 30 letters will be reduced in the State database to the first 30 letters. <i>Please see the Supplemental Definitions for more details.</i> | DISCH STATE |
| 14 | first_name Client First Name | First Name of Client 97=Unknown | string (25) | The first name of the client. Please limit the first name to 25 letters. Any names exceeding 25 letters will be reduced in the State database to the first 25 letters. <i>Please see the Supplemental Definitions for more details.</i> | DISCH STATE |

| | Name and Description | Allowed Values | Format | Definition | Code |
|----|--|---|-------------|--|----------------|
| 15 | mid_name Client Middle Name | Middle Name of Client | string (25) | <p><i>Middle name of the client. If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.</i></p> <p><i>Please see the Supplemental Definitions for more details.</i></p> | DISCH STATE |
| 16 | dis_employment_cd | 1=Employed Full Time 2=Employed Part time 3=Unemployed 4=Homemaker 5=Student 6=Retired 7=Disabled 20=Other "Not In the Labor Force" 97=Unknown | number (2) | <p>Applies to expected employment status upon leaving treatment.</p> <p><u>Employed Full Time</u>: Working 35 hours or more each week, including members of the uniformed service.</p> <p><u>Employed Part Time</u>: Working fewer than 35 hours each week.</p> <p><u>Unemployed</u>: Looking for work during the past 30 days or on layoff from a job.</p> <p><u>Inmate of an institution</u>: Prison or an institution that keeps a person, otherwise able, from entering the labor force.</p> <p><u>Other "Not in the Labor Force"</u>: Not looking for work during the past 30 days.</p> | DISCH NOMS |
| 17 | dis_pri_substance_cd Substance Code Primary at Discharge | 1=None 2=Alcohol 3=Cocaine/Crack 4=Marijuana/Hashish 5=Heroin 6=Non-Prescription Methadone 7=Other Opiates/Synthetics 8=PCP 9=Other Hallucinogens 10=Methamphetamine 11=Other Amphetamines 12=Other Stimulants 13=Other Benzodiazepines 14=Other Tranquilizers 15=Barbiturates 16=Other Sedatives/Hypnotic 17=Inhalants 18=Over the Counter 30=Oxycodone (Oxycotin, Percocet) 31=LSD 32=Methylphenidate (Ritalin) 33=Alprazolam (Xanax) 34=Diazepam (Valium) 35=Lorazepam (Ativan) | number (2) | <p><i>Identifies the client's primary substance problem at discharge.</i></p> <p><i>Contrary to past business rules, this does NOT need to match the primary substance reported at admission. This code should reflect the actual situation of the client at discharge.</i></p> | DISCH NOMS |

| | Name and Description | Allowed Values | Format | Definition | Code |
|----|---|---|------------|--|---------------|
| | dis_pri_substance_cd (continued) | 36=Hydrocodone (Vicodin, Lortab) 37=Morphine (ms contin) 38=MDMA (Ecstasy) 39=Rohypnol 40=GHB/GBL 41=Ketamine (Special K) 42=Clonazepam (Klonopin, Rivotril) 20=Other 97=Unknown | | | |
| 18 | dis_sec_substance_cd Substance Code Secondary at Discharge | Same as field 17 | number (2) | Same as Substance Code Primary at Discharge, but for the secondary substance. | DISCH NOMS |
| 19 | dis_pri_frequency_use_ cd Frequency of Use - Primary at Discharge | 1=No Use During Last 30 Days 2=1-3 Times During Last 30 Days 3=1-2 Times Per Week During Last 30 Days 4=3-6 Times Per Week During Last 30 Days 5=Daily Use During Last 30 Days 7=Unknown 8=Not Applicable | number (1) | Identifies the approximate number of times the primary substance of abuse was used in the month prior to discharge. Response can be deduced based on the last known status of the client while in treatment. | DISCH NOMS |
| 20 | dis_sec_frequency_use_ _cd Frequency of Use - Secondary at Discharge | Same as Field 19 | number (1) | Same as Frequency of Use - Primary at Discharge, but for the secondary substance. | DISCH NOMS |
| 21 | dis_living_arrangement_ cd Living Arrangement at Discharge | 1 = On the street or in a homeless shelter 2 = Private residence not requiring support 3 = Private residence requiring support 4 = Jail or correctional facility 5 = Institutional setting (NH, IMD, psych. IP, VA, state hospital) 6 = 24-hour residential care 7 = Adult or child foster home 8 = Unknown | number (1) | Not requiring support = does not require routine or planned support to maintain his/her/or family's independence in the living situation. Requiring support = requires support to maintain independence, including services for general health, mental health crises, recovery, or symptoms. Services are delivered at home by a family member or by an external care giver. | DISCH NOMS |

| | Name and Description | Allowed Values | Format | Definition | Code |
|----|--|--|------------|--|------------------------|
| 22 | dis_criminal_justice_nbr Number of Arrests at Discharge | 0-96=Number of Arrests 97=Unknown This field was previously three characters. Only two are needed now, but either two or three are acceptable to avoid making changes to LSAA data systems. Unknown will change to 97. | number (3) | <i>This item is intended to capture the number of times the client was arrested for any cause during the 30 days PRECEDING the date of discharge from treatment. For clients whose treatment lasted less than 30 days, count arrests only back to the date of admission. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of discharge. (Data was previously collected for the period between admission and discharge, regardless of the duration. NOMS asks for 30 days.)</i> | DISCH NOMS |
| 23 | dis_ter_substance_cd Substance Code Tertiary at Discharge | Same as Field 17 NEW FIELD | number (2) | Same as Substance Code Primary at Discharge, but for the tertiary substance. This does not need to match the secondary substance reported at admission. It should reflect the actual status at discharge. This should not be the same as the Primary or Secondary Substance Codes at Discharge. | DISCH NOMS |
| 24 | dis_ter_frequency_use_cd Frequency of Use - Tertiary at Discharge | Same as Field 19 NEW FIELD | number (1) | Same as Frequency of Use - Primary at Discharge, but for the tertiary substance. | DISCH NOMS |
| 25 | dis_enrolled_ed Enrolled in education at discharge | 1=Yes 2=No 7=Unknown NEW FIELD | number (1) | Indicates whether the client is enrolled in an education program at the time of discharge. This field needs to be built as a drop-down list so it can be expanded in the future without major database changes. | DISCH STATE |
| 26 | DiagA1_dis Axis I Diagnosis 1 | DSM IV Code NEW FIELD | XNN.NN | Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 5 on Axis I. Leave subsequent fields blank if no subsequent diagnoses. No diagnoses are required if the client is a Co-Dependent/Collateral. | DISCH STATE DIAG |
| 27 | DiagA1_dis_Date Date DiagA1 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 28 | DiagA2_dis Axis I Diagnosis 2 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |
| 29 | DiagA2_dis_Date Date DiagA2 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 30 | DiagA3_dis Axis I Diagnosis 3 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |

| | Name and Description | Allowed Values | Format | Definition | Code |
|----|--|--------------------------|------------|---|------------------------|
| 31 | DiagA3_dis_Date Date DiagA3 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 32 | DiagA4_dis Axis I Diagnosis 4 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |
| 33 | DiagA4_dis_Date Date DiagA4 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 34 | DiagA5_dis Axis I Diagnosis 5 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |
| 35 | DiagA5_dis_Date Date DiagA5 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 36 | DiagA6_dis Axis I Diagnosis 6 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |
| 37 | DiagA6_dis_Date Date DiagA6 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 38 | DiagA7_dis Axis I Diagnosis 7 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |
| 39 | DiagA7_dis_Date Date DiagA7 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 40 | DiagA8_dis Axis I Diagnosis 8 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |
| 41 | DiagA8_dis_Date Date DiagA8 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 42 | DiagA9_dis Axis I Diagnosis 9 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |
| 43 | DiagA9_dis_Date Date DiagA9 was given | NEW FIELD | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 44 | DiagA10_dis Axis I Diagnosis 10 | DSM IV Code NEW FIELD | XNN.NN | | DISCH STATE DIAG |

| | Name and Description | Allowed Values | Format | Definition | Code |
|----|--|---|-------------|---|------------------------|
| 45 | DiagA10_dis_Date Date DiagA10 was given | <i>NEW FIELD</i> | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 46 | DiagB1_dis Axis II Diagnosis 1 | DSM IV Code <i>NEW FIELD</i> | XNN.NN | | DISCH STATE DIAG |
| 47 | DiagB1_dis_Date Date DiagB1 was given | <i>NEW FIELD</i> | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 48 | DiagB2_dis Axis II Diagnosis 2 | DSM IV Code <i>NEW FIELD</i> | XNN.NN | | DISCH STATE DIAG |
| 49 | DiagB2_dis_Date Date DiagB2 was given | <i>NEW FIELD</i> | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 50 | DiagB3_dis Axis II Diagnosis 3 | DSM IV Code <i>NEW FIELD</i> | XNN.NN | | DISCH STATE DIAG |
| 51 | DiagB3_dis_Date Date DiagB3 was given | <i>NEW FIELD</i> | mm/dd/yyyy | A date is required if there is a corresponding diagnosis. | DISCH STATE DIAG |
| 52 | SAMHIS Client ID | <i>SAMHIS Client ID</i> <i>NEW Field</i> | number (10) | SAMHIS client ID should be included or left blank until available | DISCH STATE |